Intake Date: _____/_____/_____   Student #: _____
        Year   Month   Day

Student Intake Information

Student Key Information: *(Please print clearly and complete all that apply)*

Name:_____
        Last   First   Middle

Social Security Number: _____-_____-_____ Date of Birth: _____/_____/_____

Gender: __ Male __ Female   *Year   Month   Day*

Address: _____Apt #: _____
        Number and Street

_____Zip Code: _____
        City and State

Home Number: _____ Call Home:__ Yes __ No

Work Number: _____ Call Work: __ Yes __ No

Other Number: _____ Send Mail: __ Yes __ No

Country of Origin: _____

Email Address: _____

How did you hear about the program? _____

Ethnicity: *(Check One)*
___ American Indian or Alaskan Native
___ Asian
___ Black or African American
        (Non-Hispanic)
___ Hispanic or Latino
___ Native Hawaiian or Other
        Pacific Islander
___ White (Non-Hispanic)

Employment: *(Check One)*
___ Employed
___ Unemployed (In Labor Force)
___ Unemployed (Not In Labor Force)
Occupation: _____
_____

Family Information:
Do you have children?
_____ No _____ Yes Total #: _____
Ages: _____

Area:
_____ Urban _____ Rural

How many years did you attend school?
_____

Participant Status: *(Check all that apply)*
___ Community Correction Program
___ Correction Facility
___ Disabled
___ EL/Civics
___ EL/Civics - Distance Learner
___ Family Literacy Program
___ Fast Track GED
___ General Adult Education (GAE)
___ Program for the Homeless
___ On Public Assistance
___ Other Institutional Setting
___ Workplace Literacy Program

Have you taken an Official GED Test?
___No ___ Yes What Year? _____

Student Goals:
*(Place an **X** for each student goal during the fiscal year)*

	Date Set	Date Met
___ Obtain GED.._____		_____
___ Place in Post-secondary Education............................._____		_____
___ H.S. Diploma..._____		_____
___ EDP Credential..._____		_____
___ Increase Educational Functioning Level...................._____		_____
___ Enter Employment *(Only with S.S.# Provided)*............_____		_____
___ Retain Employment *(Only with S.S.# Provided)*.........._____		_____
___ Increase Involvement in Child's Education..............._____		_____
(Family Literacy Only)		
___ Increase Involvement in Child's Literacy Activities....._____		_____
(Family Literacy Only)		

Assessment Scores:

Test Date	Type/Level	Subject	Form	Pre/Post Test	Scale Score
_____	_____	_____	_____	PRE	_____
_____	_____	_____	_____	PRE	_____
_____	_____	_____	_____	PRE	_____
_____	_____	_____	_____	POST	_____
_____	_____	_____	_____	POST	_____
_____	_____	_____	_____	POST	_____

Education Functioning Level:
Level: _____ Date: _____
Level: _____ Date: _____
Level: _____ Date: _____

Student Hours: *(Entered Monthly)*

___ July   ___ January
___ August   ___ February
___ September   ___ March
___ October   ___ April
___ November   ___ May
___ December   ___ June

Student Follow-up:
___ *Telephone......Date(s)* _____
___ *Mail.............Date(s)* _____
___ *Email...........Date(s)* _____
___ *Other..........Date(s)* _____

Exit Date: _____/_____/_____
        Year   Month   Day

Returning Student (Fall 2001 to Present): _____ Yes _____ No

Separated Before Completion: _____ Yes _____ No